



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM
KINGSTON & DISTRICT KENNEL CLUB

Mail to: Diana Edwards Show Services
1562 Route 203, Howick, QC J0S 1G0

SPECIALTY SHOW: OTTAWA VALLEY POODLE CLUB, Saturday, June 16th

CAMPING FEE: \$75.00 - Please pay with your entries

I ENCLOSE \$ _____ FOR TOTAL ENTRY FEES Pre-Ordered Catalogue \$8.00/at the show \$10.00
Breed _____ Variety _____ Sex _____

Enter in the following classes:

- | | | |
|--|--|---|
| <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Stud Dog |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Brood Bitch |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Veteran | <input type="checkbox"/> Brace |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Special Only | <input type="checkbox"/> Parade of Titleholders |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Exhibition Only | |

Reg.Name of Dog _____

Check One and Enter Number Here

- C.K.C.Reg.No.
 C.K.C.ERN No.
 Listed (no C.K.C.No.)

Date of Birth
D ____ M ____ Y ____

Is this a Puppy?
 YES NO

Place of Birth
 Canada Elsewhere

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner(s) Address _____

City _____

Prov. _____

Postal Code _____

Name of Owner's Agent (if any) at the Show) _____

Agent's Address _____

City _____

Prov. _____

Postal Code _____

Mail / email I.D.to

- Owner.
 Agent

SIGNATURE OF OWNER OR AGENT

TELEPHONE NUMBER

I certify that I am the registered owner(s) of the dog or that I am the authorized agent of the owner(s) whose name(s) I have entered above and accept full responsibility for all statements made in this entry. In consideration of the acceptance of this entry, I (we) agree to be bound by the rules and regulations of the Canadian Kennel Club and by any additional rules and regulations appearing in the premium list.

Email: _____

FAX SERVICES - VISA / Mastercard / Amex (450) 825-0894

Card number: _____ Expiry date _____

Name of Card Holder: _____ **Security Code** _____